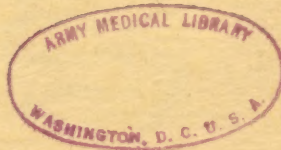


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HEALTH WELFARE

AND RELATED ASPECTS OF
COMMUNITY WAR SERVICES

REVISED, OCTOBER 1942



FEDERAL SECURITY AGENCY
OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES
COMMUNITY ORGANIZATION SECTION
WASHINGTON, D. C.

U.S.

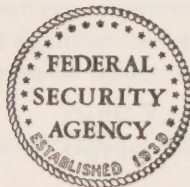
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FOREWORD

Strength, vigor, and unity of purpose are basic assets of the American people in this war. That is why community services to sustain health, security, and morale are essential to victory. That is why the State and local agencies, both public and voluntary, which provide services in the fields of health, welfare, nutrition, education, and recreation must plan well and act effectively to meet wartime needs in every community.

This statement prepared with the assistance of our Committee on Community Organization, indicates some of the ways in which such organization can promote effective cooperative action by local, State, Federal, and national organizations in these fields. It points out some typical problems which must be faced and solved. It outlines the ways in which various Federal agencies can help.

The duty of organizing these services in order to meet wartime needs promptly and economically is a joint responsibility of many agencies and organizations. The pattern suggested herein provides a framework within which all such agencies can develop their own services as part of an integrated program of community war services.

PAUL V. McNUTT, DIRECTOR,
Office of Defense Health and Welfare Services.

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HEALTH, WELFARE, AND RELATED ASPECTS OF COMMUNITY WAR SERVICES

I

MOBILIZING HEALTH AND WELFARE SERVICES

COMMUNITY MOBILIZATION FOR THE WAR EFFORT

War and the peace to follow can be won only by the united effort of every man, woman, and child in America. The home front must sustain and supply the battle front. In every community the war has brought new problems, new tasks and new opportunities for service to our civilian population. Many agencies of the national government have been charged with the responsibility for directing specific parts of the national war effort. The effective development of many of these war programs depends upon cooperation between governmental and private agencies and organizations, and upon effective use of local citizen participation.

We must organize locally to deal with such matters as salvage and waste prevention, transportation problems, labor supply and training, and full development of our agricultural resources, and the sale of war bonds and stamps. We must likewise organize to deal with the human problems which must be met if the Home Front is to be kept secure and if we as a people are to make the all-out effort which we must make. We must organize our efforts and our resources to deal with new and intensified problems of health, nutrition, consumer services, housing, education, welfare and child care, and recreation for industrial workers and members of the armed forces. The planning and coordination of these community war services is an important task in each community.

HEALTH, WELFARE, AND RELATED SERVICES— A KEY SECTION IN THE TOTAL WAR EFFORT

One of the most important segments of the community war services is that which comprises the field of health, welfare and related activities. These services include medical care and protection against disease and malnutri-

tion, financial security in times of crisis, educational opportunities geared to wartime circumstances, recreation to relieve stress and strain and other measures to keep life as nearly normal as possible under war conditions, particularly for children and workers producing war materials and food supplies. All these health and welfare services are an integral part of the Nation's total war effort. The development and coordination of these and other essential community war services is the joint responsibility of various Federal, State and local agencies and of Defense Councils.

THE ROLE OF THE OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES AND THE OFFICE OF CIVILIAN DEFENSE

The Office of Civilian Defense serves as the general center for coordinating civilian defense activities. It provides leadership in the organization of Defense Councils and is responsible for sponsoring and stimulating effective community organization through and within the framework of State and local Defense Councils to coordinate the total community war activity, to consider the impact of the war effort upon communities and to ascertain their emergency needs. It is likewise responsible for mobilizing volunteer civilian personnel for constructive participation in war work.

The Office of Defense Health and Welfare Services is the Federal agency responsible for development and coordination of programs to meet wartime needs in the particular fields of health and medical care, welfare, recreation, education, nutrition and related services. Its functions are carried out through appropriate Federal, State, and local agencies, both public and private, which provide actual services in these fields.

The Office of Defense Health and Welfare Services cooperates with the Office of Civilian

Defense in recommending the method of relating the Defense Councils to the operating agencies both through representation of the agencies on the Council and through committees appointed in the Council to handle specific problems. Federal agencies operating in their respective functional fields continue to provide technical analysis of local problems and the development of programs to meet local needs.

The relationship between these two agencies is defined further in an agreement on field relations approved by the two organizations on October 10, 1941 (see "Defense" October 21, 1941, p. 23) and in a memorandum, dated February 4, 1942, on "Interrelationships between the Office of Civilian Defense and the Office of Defense Health and Welfare Services."

NECESSITY OF ORGANIZING AVAILABLE RESOURCES

Today every community in the country faces pressing social and economic problems. These vary from place to place according to whether the situation is urban or rural, agricultural or industrial, seaboard or inland. But all communities must work to maintain the security and fitness of their people throughout the war and to establish a foundation for post-war reconstruction. These tasks cannot be undertaken piecemeal; they require suitable machinery through which all needs and problems affecting the war effort can be recognized and all available community resources utilized.

The resources for meeting health and welfare problems include those which already exist in the community and those which can be supplied through State, Federal, and national agencies and organizations.

Planning and providing for this important sector of community war services on the overall basis necessitated by the emergency makes an objective point of view essential. Health, welfare, and related programs should focus upon the community's total basic needs. This implies a forthright effort by agencies in these fields to work together with a clear concept of the part to be played by them individually and as a group. Joint planning will be required by Federal, State and local agencies both public and private. This in turn takes willingness to modify or, if necessary, to relinquish former objectives. A plan of concerted action based on specific community needs calls for the participation not only of health and welfare

agencies and schools but also of individual volunteers, and voluntary organizations such as churches, civic groups, unions, youth organizations, and the like. Some form of community organization is necessary to unite all these efforts within the community and to plan the best means of achieving action, eliminating duplication, and bridging gaps.

OBJECTIVES OF COMMUNITY ORGANIZATION

"Community organization" is a broad term applicable to activities with a variety of purposes and forms. The particular objective of any plan of community organization should be clearly understood in order to avoid the confusion which may arise from adopting a plan not suited to the purpose in view. The following are especially important purposes in community organization:

1. To plan a community program and coordinate services composing it.
2. To bring about the establishment of operating units where needed to carry out such services.
3. To provide support for community activities through promoting public understanding and interest, raising funds, and recruiting workers.
4. To facilitate participation on the part of the general public in planning and using community services.
5. To provide an organization by which specific information and suggestions for action can be transmitted to the people of the community who are concerned in one way or another in a particular activity.

ELEMENTS OF ORGANIZATION

The basis for effective organization of health and welfare aspects of community war services is a structure through which persons responsible for or interested in these related fields may jointly analyze needs and plan action.

A sound plan of organization must provide a way to take stock of total community needs and services. It must also provide for maintaining a balance in program planning and for wise use of available leadership. The function of planning must not be confused with operation, which latter seldom belongs in a coordinating group of any kind. The results of joint planning and coordination will, however, promote more effective operation by all agencies and groups.

COORDINATION THROUGH THE DEFENSE COUNCIL

Since health, welfare and related activities are an essential part of the community's war

services, the Defense Council should logically include an organization to promote effective action in these fields. Existing coordinating groups may be tied in to the Defense Council, or if none exists, such an organization may be set up as an arm of the Defense Council.

In many localities a council of social agencies, a community council or a similar organization will provide the best nucleus for a health and welfare section or group of committees of the local Defense Council. Such organizations, though including representation of governmental agencies, are voluntary in character. They already carry considerable coordinating responsibility and should be brought into the framework of the Defense Councils to the fullest possible extent. In many instances the Defense Council can assign full responsibility for dealing with important wartime problems to committees already established in such an organization. In some cases the scope and membership of existing committees may need to be broadened or modified in accordance with the demands of the total war effort.

Where no suitable organization already exists, any such planning and coordinating group set up at this time should be established within the framework of the Defense Council. In some communities a simple plan of organization within the Defense Council will be all that is required to permit all agencies and organizations, both governmental and voluntary, to deal adequately with community service activities. Overorganization may present difficulties as serious as lack of organization.

CIVILIAN WAR SERVICES BRANCH OF THE DEFENSE COUNCIL

In most Defense Councils, both State and local, there are two major functional divisions of activity: (1) Civilian Protection and (2) Civilian War Services. The Civilian War Services Branch is concerned with all types of wartime service programs in the community except civilian protection. It functions through various committees. In many Councils the individual committees concerned with health, welfare and related services are drawn together in a single section for coordinating purposes. Such a section is one of the most important in the Defense Council. This particular unit should, in turn, be related to other parts of the Council in order to achieve coordination of all community war services. This may be done by having heads of all committees serve as

members of the Defense Council or by establishing an executive committee, composed of the heads of all committees working in the fields of civilian war services.

The planning and coordinating duties of such a section or group of committees of the Defense Council include:

1. Continuously studying the over-all impact of the war upon the health and welfare of the community, by securing current information from the agencies, organizations, and individuals concerned with the problems, as well as from business or industrial concerns, agricultural groups and other sources.
2. Defining the problems created or intensified by the war, and encouraging the creation of suitable committees or subcommittees with appropriate representative membership to develop plans for community action on such problems.
3. Acting in an advisory capacity to the Chief of Emergency Welfare Services and serving as a planning group for emergency welfare operations in time of enemy action where no separate welfare committee has been established in the Council.
4. Discovering and defining gaps in existing services, and avoiding overlapping or duplication of effort.
5. Integrating the work of already existing committees active in these and related fields.
6. Reviewing the reports and recommendations of the several committees.
7. Presenting plans and proposals to the Defense Council for approval and action on matters exceeding the responsibility of the agencies represented in the section.
8. Securing the cooperation of agencies, organizations, or other groups in accepting and carrying out their particular roles in the approved over-all plans.
9. Receiving and transmitting to the committees information and suggestions in regard to health, welfare, and related activities addressed to Defense Councils from Federal, State, and national agencies.
10. Serving as a channel of relationship between local and State Defense Councils and related operating agencies and organizations.
11. Considering the significance of wartime problems and programs in relation to plans for post-war reconstruction.

MEMBERSHIP OF COMMITTEES ON HEALTH, WELFARE, AND RELATED SERVICES

Membership of this section or its constituent committees should include the responsible heads of public and private agencies in the fields of health, welfare, education, recreation, and related activities, and representatives of labor, professional, civic, and religious groups. The persons chosen should be experienced and com-

petent in the field which they represent. Individuals and groups technically qualified to determine standards and sound policies should be fully used. Care should be taken to include in such local planning groups the administrative heads of local agencies in the general field of health and welfare which have a working relationship with State and Federal agencies. With such membership, it will be possible for the agencies in the community to contribute to the committees their knowledge of local, State, and Federal resources and to obtain from the committees helpful direction as to how they can participate, individually and collectively, in an effective program.

LEADERSHIP AND STAFF

Leadership is an important element in committee activities. In most communities there

are leaders with special ability both in getting things done in particular fields and in working with people. These are necessary capacities, as is also a knowledge of where and how to use technically equipped and volunteer personnel.

In a large organization there should be an executive secretary with other qualified staff as needed. At the State level, the staff should be engaged and paid by the Defense Council, although under some conditions, an appropriate State department or private organization might contribute part-time or full-time services of staff members. In a local community, the Council of Social Agencies or some other established organization may be able to lend staff, or volunteers with the necessary experience may be found to serve in the required capacity.

II

PROGRAM PLANNING FOR HEALTH, WELFARE, AND RELATED SERVICES

Basic considerations in planning a program of community war services in the broad field of health and welfare are briefly discussed in the following pages.

Each community will have to study its particular health and welfare needs, evaluate its own resources, and direct its efforts toward a practical and realistic program of community action. This community planning should be developed in relation to Federal and national programs operating through State and local agencies and organizations.

HEALTH

Careful consideration should be given to plans for maintaining health facilities and services adequate not only to guard against special dangers of wartime but also to overcome handicapping conditions which retard the national war effort. Some specific problems in this area are:

1. Maintaining facilities for hospitalization, and a supply of physicians, dentists, and nurses adequate to meet essential civilian needs.
2. Rehabilitation of rejected draftees, disabled workers, and civilian casualties.
3. Development of industrial hygiene and medical care programs for industrial workers.
4. Provision for public health services, including preventive medicine and control of epidemics, and maintenance of sanitation services.
5. Provision for essential medical care of the population in general, and of special groups including the "medically indigent," infants and mothers, children, farm families, etc.
6. Provision for prevention and treatment of venereal disease.
7. Provision for adequate water supply, sanitation, and garbage disposal.

Measures to meet these problems should be planned in close coordination with provisions for emergency medical service to function under the Civilian Protection Branch of the Defense Council in the event of disaster resulting from enemy action. For this reason, the Medical Advisory Committee of the Protection Branch

should also serve as the Health and Medical Committee of the Civilian War Services Branch of the Defense Council.

The State and local groups experienced in working with such problems are the health departments, welfare agencies; medical, hospital, and nursing groups; the schools, and the American Red Cross. Representatives from these groups and other local health organizations or committees should participate in planning wartime health programs.

Federal agencies which can assist such committees through appropriate State and local authorities include the Public Health Service in the Federal Security Agency, the Health and Medical Committee and the Social Protection Section of the Office of Defense Health and Welfare Services, the Children's Bureau of the Department of Labor, the Bureau of Public Assistance of the Social Security Board, the Office of Education in the Federal Security Agency, the Farm Security Administration, the medical services of the Army and the Navy, and the American Red Cross. Representatives of all these Federal agencies may be reached through the Regional Directors of the Office of Defense Health and Welfare Services.

SERVICES TO FAMILIES

Wartime conditions seriously affect the security and well-being of families and individuals in many ways. Problems related to wartime employment and unemployment, costs of living, housing, physical and mental health, nutrition, education and recreation, all have a bearing on the general question of family security. Community services to meet these varied wartime needs are provided by a number of Federal, State, and local agencies especially concerned with different functional fields. Major responsibility for dealing with problems of families as such rests upon public welfare departments and private family welfare agencies. Some of the

most important wartime services of such agencies are:

1. Advisory service and financial assistance to families of men in the armed forces and of civilian casualties in America or abroad.
2. Cooperation with Selective Service Boards.
3. Service and assistance to newcomers in industrial areas, particularly young people and families in trailer camps or other congested areas.
4. Service and assistance to help families meet problems arising in connection with evacuation or enemy action.
5. Assistance to persons facing dependency because of wartime industrial dislocation, disability, or other circumstances.
6. Maintenance of efficient standards of welfare administration consistent with wartime limitations on personnel, transportation, etc.
7. Consideration and treatment of factors tending to place a strain on family relationships or to disrupt family life.

In some areas, the problem of assisting aliens, whether or not of enemy nationality, and members of minority racial groups, may call for special provisions.

State and local departments of public welfare and health, local and private welfare agencies, and group work organizations, as well as interested civic and religious groups, should be represented in the Defense Council for effective consideration of family services, and for planning the functions required of such agencies and groups in regard to emergency welfare services.

Federal and national agencies supervising or operating programs through these State and local bodies are the Bureau of Public Assistance and the U. S. Employment Service of the Social Security Board, the Farm Security Administration, the Work Projects Administration, the Children's Bureau and such national agencies as the American Red Cross and the Family Welfare Association of America. Regional Representatives of most of these Federal or national agencies can be reached through the Regional Directors of the Office of Defense Health and Welfare Services.

CHILDREN'S SERVICES

Community services for children should be given major consideration in planning civilian war services both because of the importance of young people in the future of the nation and because confidence that children are being protected against the special hazards of wartime is basic to national morale. The health, safety and development of children and young

people must be safeguarded against harmful community influences. Every effort must be made to preserve a normal home environment for every child in the face of conditions which tend to dislocate family life. Some of the children's services which particularly need to be maintained or strengthened in wartime are:

1. Health supervision and medical and dental services for mothers and infants, children and young people, including immunization and other preventive measures.
2. Measures to meet nutritional needs of children, including school lunches.
3. Full school opportunities and school attendance, including kindergartens and nursery schools.
4. Adequately supervised recreational opportunities.
5. Counselling, guidance, welfare services, and financial assistance to help parents and children overcome difficulties associated with disrupted family life, particularly in trailer camps and congested areas.
6. Individualized services, including foster home or institutional care for children suffering from special handicaps or lacking the protection of a suitable home.
7. Prevention of child labor, and guidance and protection of youth entering employment.
8. Provision, in collaboration with appropriate authorities, of specific services for identification, protection, and care of children in connection with evacuation or other measures incident to possible enemy action.

SERVICES TO CHILDREN OF WORKING MOTHERS

Community programs providing care for children of working mothers, occasioned by increasing employment of women in wartime jobs, require special efforts to expand several types of services for children in many areas. Particularly important in a well planned child care program are the following services provided by such agencies as schools, public welfare and recreation departments, the Work Projects Administration, and private agencies and organizations:

1. Counseling service for mothers who wish to consider the desirability of taking employment and who wish advice on problems which arise when they leave their homes to go to work.
2. Provision for care of children in homes, either their own, through homemakers services, or in foster homes.
3. Group activities, including nursery schools, child care centers, before-school and after-school activities, recreation programs, vacation and day camps, playcenters and other group activities.

Services to meet the varied problems of children in wartime operate through State Departments of health, welfare, education, and labor. They involve local public health and public welfare agencies, the schools, juvenile courts, and private child welfare and group work agencies. These should be represented in the committee of the Defense Council determining needs and planning the coordination and development of services in this field. There should be participation also by professional associations, labor organizations, farm groups, churches, and other organizations of the community.

The committee or subcommittee dealing with child care programs should, in all cases, include representatives of the departments of public welfare and health, the schools and the Work Projects Administration. In addition, such a committee might include representatives of industry, labor, and the public employment service, as well as other agencies and organizations of the types suggested above.

The Children's Bureau of the Department of Labor is the Federal agency with major responsibility for developing programs in the fields of child welfare, infant and maternal health, and child labor. The Chief of the Children's Bureau has been designated as the consultant to the Director of the Office of Defense Health and Welfare Services on coordination of wartime services for children.

The Day Care Section of the Office of Defense Health and Welfare Services is the Federal agency established to develop an integrated child care program properly related to the problem of wartime labor supply.

Other Federal agencies interested in services for children include the Bureau of Public Assistance of the Social Security Board, the Office of Education of the Federal Security Agency, the Public Health Service, the Work Projects Administration, the Recreation and Social Protection Sections of the Office of Defense Health and Welfare Services, the Farm Security Administration and the National Housing Agency. A number of voluntary agencies, including the Child Welfare League of America, the American Red Cross, and various organizations with group programs, are also closely concerned with various aspects of community services for children.

Representatives of the Children's Bureau, the Bureau of Public Assistance, and other

Federal agencies concerned with children's services are attached to the Regional Offices of Defense Health and Welfare Services. Their advice and assistance are available through appropriate State and local agencies.

FOOD AND NUTRITION

One of the major concerns of the whole nation in time of war is to maintain adequate nutrition. This is basic to good health and to morale. It presents special problems both because the war effort requires more human energy, and because the war will reduce or cut off some sources of food supply.

Special objectives in the food and nutrition programs include:

1. Public education and translation of nutrition information into individual and community action.
2. Improvement of methods of selecting, buying, and preparing food.
3. Expanded use of available commodities.
4. Encouragement of home production and canning.
5. Conservation and effective use of available food supplies.
6. Use of whole-grain or enriched flour.
7. Improvement of group feeding facilities including school lunches, provision for war industry workers, etc.
8. Special consideration of industrial feeding problems.
9. Improved cooking of foods both at home and in public eating places.

State and local nutrition committees already have been set up in all States. These serve as the principal channel for carrying out the wartime objectives of the national nutrition program under the direction of the Nutrition Division of the Office of Defense Health and Welfare Services. They have been designated either as the Nutrition Committees of State and local Defense Councils or, in a few places, as technical advisory committees to Nutrition Committees of the Defense Councils.

The Nutrition Division of the Office of Defense Health and Welfare Services serves as a clearing house for all Federal agencies concerned with different aspects of nutrition for the purpose of integrating all their activities in a coordinated wartime National Nutrition Program. Regional representatives of the Nutrition Division are available for consultation with State or local groups through the Regional Offices of the Office of Defense Health and Welfare Services.

RECREATION

The provision of adequate recreation facilities, particularly in communities near military camps and war industries is an important wartime community responsibility.

The purposes of all recreational programs should be to conserve and advance the physical and mental fitness and morale of the American people under war conditions. There should be adequate community provision for recreation and the use of leisure time for:

1. Men in the armed services when outside military and naval reservations.
2. Men and women defense workers.
3. Children and other civilians.

Local municipal departments of recreation (parks and playgrounds), local private agencies and centers offering recreational facilities are the agencies through which recreational activities are provided and which should be represented in community planning for recreation. Defense Recreation Committees already organized in many communities by the Recreation Section of the Office of Defense Health and Welfare Services, include such representation and are set up as integral parts of the Defense Councils.

Community programs especially directed toward the promotion of physical fitness should be planned in close coordination with related aspects of community war services, including health, nutrition, education, etc. A committee or subcommittee concerned with this objective should be closely related to other committees of the Civilian War Services Branch of the Defense Council through the executive committee of the Branch or through a coordinating committee on health, welfare and related services.

Representatives of the Recreation Section of the Office of Defense Health and Welfare Services, including representatives of its Physical Fitness Unit, are available through the Regional Directors of the Office of Defense Health and Welfare Services to assist in organizing such community programs and in securing necessary facilities. Other Federal and national agencies and organizations working on recreational programs are the Army and Navy, the Work Projects Administration, the Office of Education, the national agencies in the United Service Organizations and other national private organizations which include recreation in their functional area.

SOCIAL PROTECTION

A special area of community concern in wartime is that of social protection. Wartime conditions, both in areas near military establishments and in war industry centers, require effective measures to safeguard the health and morale of the armed forces and the civilian population, especially young people, against the dangers of exploitation, delinquency, and the spread of venereal infection.

Objectives in planning social protection programs include:

1. Repression of prostitution and related activities by local police.
2. Careful enforcement by local agencies of laws for the protection of youth in their employment and recreation. This will include the supervision of taverns, dance halls, etc., to control conditions which may contribute to exploitation or delinquency.
3. Acceptance by appropriate social agencies of responsibility for services to children and young people in need of individual guidance, treatment, or temporary care.
4. Provision of wholesome recreation and leisure time activities as preventive measures.
5. Prompt, effective and conclusive medical care of all infected persons.
6. Physical and social rehabilitation of delinquent girls and women.

State and local activities for social protection are carried out by public health and welfare agencies and by law-enforcement bodies in cooperation with the corresponding branches of the Army and the Navy and the Public Health Service. In places where the Civilian War Services Branch or the health and welfare section of the Defense Council must deal with problems of social protection it should include representatives from these fields and other interested organizations such as the American Social Hygiene Association.

Representatives of the Social Protection Section of the Office of Defense Health and Welfare Services work directly with both State and local law-enforcement, health and welfare bodies in furthering the social protection program in communities. They are available through the Regional Directors of the Office of Defense Health and Welfare Services.

EDUCATION

Mobilization of educational facilities, including schools and libraries both public and private, is an essential part of the national war effort. Schools and libraries provide sources of

information, facilities for special training and important centers for community activities. Some of the special wartime problems in the field of education include:

1. Provision of school facilities to meet expanded needs in defense communities.
2. Increasing the use of school and library facilities for wartime activities.
3. Establishment or expansion of industrial and engineering training programs carried on in schools and colleges to prepare both young people and older workers for vital defense activities.
4. Development of adequate plans for protection of school children in case of enemy action and for emergency school measures in connection with evacuation.
5. Providing a program of mental health, health education, and health service for all school children to insure the high level of physical and mental fitness essential in times of emergency.
6. Organizing school and college activities to promote physical fitness.
7. Providing nursery school or kindergarten facilities for children of defense workers and expanding after-school activities.
8. Making school buildings available for discussion groups, adult classes, and other community activities.
9. Providing citizenship training courses and strengthening democratic practices in school.

Schools, State and local education departments and associations and State and local libraries and library associations, are the agencies through which these programs are effected. Their representatives should be included in the Civilian War Services Branch.

Representatives of the Office of Education of the Federal Security Agency are available to assist State Departments of Education and State library agencies and through them, local education departments and libraries in planning wartime programs.

COMMUNITY FACILITIES IN DEFENSE AREAS

Many military and industrial areas lack essential facilities to provide for the health and welfare needs created by the rapid influx of service men or war workers and their families. These facilities include housing, hospitals, health centers, sanitation, schools, child care centers and recreation centers.

Requirements for community facilities should receive close examination by the executive committee of the Civilian War Services Branch which should be prepared to offer recommendations on specific proposals. This group should

plan for the use of all existing local resources to meet the need and only then for new facilities necessary in the total community services program.

Regional representatives of the Office of Defense Health and Welfare Services can assist in surveying community needs and planning for facilities.

SERVICES INCIDENT TO ENEMY ACTION

In addition to their responsibilities for community war services, community agencies operating in the fields of health, welfare, and education will also need to work with the local Defense Council in developing plans for emergency services to civilians in the event of enemy action. These functions include both services and assistance within the affected area to persons suffering injury or loss and those services involved in the removal or relocation of civilians should evacuation be ordered by the military authorities. In an emergency period, welfare and medical services, as well as fire, police and wardens services, will operate under the direction of the Commander of the Citizens Defense Corps.

Federal funds for assistance and services to civilian suffering from injury or loss will be made available to appropriate State and local agencies according to plans formulated by the Federal Security Agency and the Office of Defense Health and Welfare Services. The services to be rendered by the American Red Cross are covered by its agreement of April 17, 1942, with the Director of the Office of Defense Health and Welfare Services and its agreement of May 18, 1942, with Director of the Office of Civilian Defense.

A. Medical Services required in case of enemy action or other wartime disasters operate in the Civilian Protection Branch of the Defense Council under the direction of the Chief of Emergency Medical Service who in turn is directly responsible to the Commander of the Citizens Defense Corps. The Chief of Emergency Medical Service must be a physician of broad experience and administrative ability.

These important services include stretcher teams, emergency medical field units, casualty stations, ambulance units, hospitals, and mortuary services. The local set-up to coordinate the functions of public and private agencies whose facilities and personnel must meet these

needs is planned under the direction of the Chief of Emergency Medical Service with the aid of an advisory committee which also serves as the Health and Medical Committee of the Civilian War services Branch of the Defense Council. Details concerning the organization of the emergency medical services are given in bulletins published by the Medical Division of Office of the Civilian Defense.

B. Welfare services required to meet war-time emergencies should be coordinated under a chief of Emergency Welfare Service who in turn is directly responsible to the Commander of the Citizens Defense Corps. The Chief of Emergency Welfare Service should be a leader in the welfare field who is acquainted with the resources and methods of operation of the community welfare agencies, who can provide leadership for coordinated community planning, and who is capable of assuming general jurisdiction over welfare services in the emergency period.

In carrying out his responsibilities for planning and coordinating the emergency welfare services of public and private agencies and volunteer groups, the Chief of Emergency Welfare Service uses the Welfare Committee of the Civilian War Services Branch of the Defense Council as an advisory and planning group, bringing together the administrative agencies in this field to decide upon an integrated plan of operation. The Chief of Emergency Welfare Service will be responsible for seeing that the operating agencies and groups fulfill the functions agreed upon when and as required.

Emergency Welfare Services should be so planned as to make provision for meeting the varied social or economic needs of civilians which result from enemy action. Such needs include not only emergency food and housing for those who are rendered homeless by attack, but also these social services necessary to re-establish families and to get workers back to their jobs as quickly as possible. Specifically, provision should be made for:

1. Temporary rest centers where food, shelter, and other forms of emergency aid would be immediately available.
2. Information and registration centers in order to facilitate the reuniting of families, to give

information and advice necessary for the rehabilitation of families, and to answer inquiries.

3. Provision for rehousing families who have been rendered homeless.
4. Cash assistance to those who have lost all immediate resources.
5. Removal and storage of furniture and other effects from damaged buildings.
6. Minor repairs to homes which can be rendered habitable.
7. Replacement of tools and other working materials to return workers to productive status.

C. General direction of evacuation operations including the designation of evacuation and reception areas, collaboration with military authorities and adaptation of national policy to regional, State and local needs is the responsibility of the Office of Civilian Defense, working with the Office of Defense Health and Welfare Services through a Joint Committee on Evacuation. The Joint Committee develops general policies for the preparation and operation of evacuation plans and formulates standards of care to be maintained in evacuation and reception areas. The Federal program will be executed through Regional Evacuation Officers of the Office of Civilian Defense, with the assistance of representatives of the Office of Defense Health and Welfare Services and field consultants of the Children's Bureau, the Office of Education, the Public Health Service, and the Social Security Board. Plans for evacuation services are included in Evacuation Bulletins published jointly by the Office of Civilian Defense and the Office of Defense Health and Welfare Services.

State Evacuation Authorities, representing State departments of welfare, health, and education, the State Emergency Medical Service, and other agencies, will be held responsible for developing and, if necessary, executing plans for evacuation under the general direction of the Regional Evacuation Officers. Federal funds to meet the cost of evacuation will be provided through the Federal Security Agency and the Office of Defense Health and Welfare Services to appropriate State agencies on the basis of plans approved by the Joint Committee on Evacuation.

III

PLANNING, OPERATION AND COORDINATION OF FEDERAL WARTIME HEALTH AND WELFARE ACTIVITIES

The wartime aspects of Federal programs in the fields of health and welfare are carried out insofar as practicable through the facilities of existing agencies which perform related peacetime functions. These agencies, along with new Federal agencies established to perform specific wartime duties, have primary responsibility for developing plans and administrative procedures for carrying out their respective wartime functions. Some of the continuing agencies with important wartime programs are the Social Security Board, the Children's Bureau, the Office of Education, and the Public Health Service; new organizations with specific wartime duties include the Nutrition Division and the Recreation, Social Protection, and Day Care Section of the Office of Defense Health and Welfare Services.

The Office of Defense Health and Welfare Services serves as the center for coordination of the wartime activities of these agencies. It is responsible for over-all planning in the fields of health, welfare, education, recreation, nutrition and related services. This involves consideration of over-all needs, action to create resources to fill gaps in existing services, provision for standardization of procedures and measures to facilitate joint planning and action by agencies in these fields. It functions through committees of specialists in the respective fields of health and medical care, family security, nutrition, social protection and community organization, and through a departmental staff which provides channels for inter-related program planning and cooperative undertakings by Federal and national agencies.

As a means for similar coordination on a regional basis, the Regional Directors of the Social Security Board have been designated Regional Directors of Defense Health and Welfare Services. They serve as chairman of Regional Advisory Councils which include a membership representative of all the constituent units of the Federal Security Agency and other Federal agencies whose activities relate

to health and welfare and education. The Regional Director carries out his coordinating responsibility through the activities of the Council and its subcommittees and through a coordinating supervision of the field representatives of the various agencies attached to the regional offices. The Regional Advisory Council is responsible for the analysis of pertinent defense and war problems in the region, for evaluation of available local, State, and Federal resources, and, within policies agreed upon among the Federal agencies, for developing and inaugurating joint plans to meet these problems.

The Regional Director serves as liaison with regional offices of other Federal agencies including the Office of Civilian Defense, and with Defense Councils and works through the Office of Civilian Defense with State and local Defense Councils on matters pertaining to coordinated planning for community facilities and services in health, welfare and related fields.

HEALTH AND MEDICAL COMMITTEE

The Health and Medical Committee of the Office of Defense Health and Welfare Services is responsible for general planning and coordinating of public health and medical care services involved in the war effort. Specific wartime services include planning for such needs as physical rehabilitation, hospitalization, medical education, industrial health, public health services and nursing.

In developing programs the committee maintains close relationships at national and regional levels with the operating agencies, as well as national and professional organizations of physicians, dentists, and nurses. The Public Health Service is the Federal agency with major responsibility in this field. Through State and local departments of public health it provides leadership for wartime community health programs. Officers of the Public Health Service also comprise the Medical Division of the Office of Civilian Defense and serve as Regional Medi-

cal Officers or State Chiefs of Emergency Medical Services. The organization of State or local medical facilities into the Emergency Medical Service to care for civilian casualties and measures for the protection of sanitary facilities against the effects of enemy action are responsibilities of the Medical Division of the Office of Civilian Defense. Other wartime problems of concern to the Public Health Service are dealt with by representatives who are members of the Regional Advisory Councils of the Office of Defense Health and Welfare Services.

FAMILY SERVICES

The Office of Defense Health and Welfare Services is responsible for coordinating services to protect and preserve family life, particularly as it is threatened by factors which tend to disrupt normal family relationships. This responsibility is carried out through two primary channels: first, through the Family Security Committee which assists in studying and developing comprehensive plans to meet wartime needs in the whole area of family security; second, through designating the Director of the Bureau of Public Assistance of the Social Security Board (the principal Federal agency concerned with family services) to act as Consultant to the Director of the Office of Defense Health and Welfare Services on matters pertaining to policy and programs affecting the social and economic security of the family.

Family services are represented on the Regional Advisory Councils of the Office of Defense Health and Welfare Services through the regional representatives of the Bureau of Public Assistance and of other Federal agencies concerned. Regional Family Security Committees functioning as part of the Regional Advisory Councils analyze regional problems of family security and develop regional plans for effecting services to meet wartime needs in this area.

CHILDREN'S SERVICES

The Office of Defense Health and Welfare Services is responsible for coordinating the special services required by children in addition to those they share as members of families. This responsibility is exercised through the Children's Bureau of the Department of Labor and through the Day Care Section of the Office of Defense Health and Welfare Services. The Chief of the Children's Bureau has been design-

nated consultant to the Director of the Office of Defense Health and Welfare Services for the purpose of formulating and effecting plans, policies, and programs designed to assure the protection of children during the national war emergency. This work is carried on with the assistance of the Children's Bureau Commission on Wartime Problems of Children and other advisory committees and agencies, public and private.

Children's services are represented in the Regional Advisory Councils of the Office of Defense Health and Welfare Services through the regional field representatives of the Children's Bureau and other Federal agencies concerned.

DAY CARE SECTION

The Day Care Section of the Office of Defense Health and Welfare Services, under a directive from the War Manpower Commission, is charged with the responsibility for integrating and coordinating the activities of various Federal agencies concerned with day care of children of working mothers and of relating the day care program to the problem of labor supply. Its duties include: (1) Ascertaining the over-all need for day care; (2) delegating, among the Federal agencies, responsibility for appropriate segments of the program; (3) recommending allocations to the various operating agencies of Federal funds made available through the Office of Defense Health and Welfare Services for day care purposes and overseeing their expenditure; (4) making available the experiences in day care in the various communities as a guide to future developments; and (6) in general, serving as a clearing house and center of information and planning for the day care activities.

The Day Care Section offers advice and consultation to Federal agencies and to State and local agencies through the field services of the operating agencies. Day care services are represented in the Regional Advisory Councils of the Office of Defense Health and Welfare Services through the regional and field representatives of the various Federal agencies responsible for day care programs.

NUTRITION DIVISION

The Nutrition Division of the Office of Defense Health and Welfare Services operates with two basic wartime objectives: (1) To improve nutrition standards and use of food resources as

a means of maintaining health and national strength; and (2) to assist in promoting production, conservation and efficient use of food resources and supplies to meet additional wartime needs and to compensate for diversion of productive manpower for military purposes.

The Division is served by a number of advisory committees representing the professional field, the National Research Council, food manufacturers and distributors, and labor. Through a coordinating committee, liaison is maintained with other Federal agencies having nutrition programs.

The program of the Division operates through two separate channels. One passes either directly from the Division or through regional offices of the Office of Defense Health and Welfare Services to the State nutrition committees and from them to local nutrition committees. The second channel passes directly from the Division to national associations of food producers, processors, wholesalers, and retailers with the object of bringing their advertising into line with the purpose of good nutrition in its broadest sense and of using their facilities for a wider distribution of educational material of value to consumers than would otherwise be possible.

The Division's field representatives are members of the Regional Advisory Council of the Office of Defense Health and Welfare Services and service State nutrition committees by working out from the regional offices.

RECREATION SECTION

The Recreation Section of the Office of Defense Health and Welfare Services operates in communities adjacent to Army and Navy units and in communities having war industries.

Its functions include: (1) Organizing and giving advisory service to defense recreation committees; (2) approving plans for recreation facilities provided with Federal funds; (3) making arrangements with the United Service Organizations for staffing recreational facilities; (4) encouraging volunteer development of community recreation; and (5) stimulating effective use of available recreational facilities, including playgrounds, athletic fields, parks, gymnasiums, auditoriums, and facilities of churches and private recreation and civic organizations.

Representatives of the Recreation Section work closely with the Army and Navy, the United Service Organizations, the Work Proj-

ects Administration, and with national private agencies interested in recreation. Work for the most part is directly with localities through Defense Recreation Committees. Recreation representatives are members of the Regional Advisory Council of the Office of Defense Health and Welfare Services.

SOCIAL PROTECTION SECTION

The Social Protection Section of the Office of Defense Health and Welfare Services is responsible for planning and stimulating effective action by State and local authorities to safeguard the armed forces and the civilian population from the spread of venereal disease through prostitution. It is interested in improving preventive, protective, and enforcement practices and in increasing public understanding and support of the social protection program.

This Section through its field staff maintains close working relationships with the Army and Navy authorities responsible for the morale and health of enlisted personnel and with military and naval police, as well as with the Public Health Service. It is prepared to cooperate with the Department of Justice when the provisions of the May Act are invoked in any community. It also maintains close cooperative relations with other welfare agencies including the American Social Hygiene Association and the Children's Bureau.

The social protection field representatives are members of the Regional Advisory Council of the Office of Defense Health and Welfare Services.

OFFICE OF EDUCATION

The Office of Education of the Federal Security Agency is responsible for educational programs connected with wartime activities. These include: (1) Cooperation with the War Production Board and the several State Boards for Vocational Education in furtherance of vocational training of defense workers and out-of-school youth by assisting States to organize and conduct vocational courses and acquire facilities and by apportioning Federal funds to State Boards for Vocational Education; (2) cooperation with colleges and universities in organizing and conducting short engineering courses and allotting funds for maintenance of such courses; (3) certification of the need for Federal funds for educational facilities to meet wartime needs in defense communities; and (4) participation in planning of specific pro-

grams such as physical fitness, etc., in localities through committee work.

Representatives of the Office of Education attached to the Regional Offices of the Office of Defense Health and Welfare Services are members of the Regional Advisory Councils.

COMMUNITY ORGANIZATION SECTION

The Community Organization Section of the Office of Defense Health and Welfare Services is responsible for developing policies, preparing materials, and providing advisory and consultative service on questions of organization to promote effective action by local, State, and Federal agencies and national private organizations in relation to wartime health and welfare services. This includes clarification of regional, State and local relationships among agencies and organizations concerned with health and welfare activities, suggesting methods of organization which will assure effective mobilization of resources and development of responsible State and local leadership to deal with wartime problems in

these fields. The Section collaborates with the Office of Civilian Defense in proposing means to carry out sound plans of organization and to obtain proper coordination with other wartime activities through Defense Councils.

The Section provides advisory consultative service to the other Divisions and Sections of the Office of Defense Health and Welfare Services and to other Federal and national agencies and organizations on policies and methods of dealing with organizational relationships in the fields of health, welfare, and related activities.

In the regions, the major responsibility for leadership and direction of community organization activities rests with the Office of Defense Health and Welfare Services Regional Directors and their assistants. Field representatives of the Community Organization Section, serve as consultants to the Regional Directors and the regional office staffs on this aspect of planning and coordination.

IV

LIST OF REGIONAL OFFICES OF DEFENSE HEALTH AND WELFARE SERVICES

Region I:		<i>States included</i>	Region VII—Continued.		<i>States included</i>
John F. Hardy, Regional Director, 120 Boylston Street, Boston, Mass.		Maine. New Hampshire. Rhode Island. Massachusetts. Connecticut. Vermont.	West Peachtree Street, Atlanta, Ga.		Mississippi. Alabama. Florida.
Region II:			Region VIII:		
Peter Kasius, Regional Director, 11 West 42d Street, New York, N. Y.		New York.	Fred M. Wilcox, Regional Director, Midland Bank Building, Fourth Street and Second Avenue, Minneapolis, Minn.		North Dakota. South Dakota. Nebraska. Minnesota. Iowa.
Region III:			Region IX:		
W. L. Dill, Regional Director, Widener Building, Juniper and Chestnut Streets, Philadelphia, Pa.		New Jersey. Pennsylvania. Delaware.	John E. Wrenn, Regional Director, Dierks Building, 1006 Grand Avenue, Kansas City, Mo.		Missouri. Kansas. Arkansas. Oklahoma.
Region IV:			Region X:		
Lavinia Engle, Regional Director, 1008 Arlington Hotel Building, 1025 Vermont Avenue NW., Washington, D. C.		Maryland. Virginia. North Carolina. West Virginia. District of Columbia.	James B. Marley, Regional Director, Maverick Building, North Presa and East Houston Streets, San Antonio, Tex.		Louisiana. Texas. New Mexico.
Region V:			Region XI:		
Mary E. Woods, Regional Director, Union Commerce Building, 925 Euclid Avenue, Cleveland, Ohio.		Kentucky. Michigan. Ohio.	Heber R. Harper, Regional Director, Patterson Building, 1706 Welton Street, Denver, Colo.		Montana. Idaho. Wyoming. Utah. Colorado.
Region VI:			Region XII:		
Henry L. McCarthy, Regional Director, Banker's Building, 105 West Adams Street, Chicago, Ill.		Illinois. Indiana. Wisconsin.	Richard M. Neustadt, Regional Director, Humboldt Bank Building, 785 Market Street, San Francisco, Calif.		California. Oregon. Washington. Nevada. Arizona.
Region VII:			Territory of Alaska, Hugh J. Wade, Territorial Building, Juneau, T. A.		
Richard H. Lyle, Regional Director, Third Floor, Lullwater Building, 441		South Carolina. Georgia. Tennessee.	Territory of Hawaii, Robert W. Beasley, 425 Dillingham Building, Honolulu, T. H.		



